

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: VT
APPLICATION YEAR: 2010

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FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: VT

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 700,543 (41.34%)

B.Children with special health care needs:

\$ 879,890 (51.92%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 50,357 (2.97%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 2,668,350

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 1,520,096

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 167,093

\$ 4,188,446

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 5,883,108

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 94,644

c. CISS: \$ 105,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 130,000

g. WIC: \$ 14,445,768

h. AIDS: \$ 1,449,501

i. CDC: \$ 1,741,720

j. Education: \$ 175,000

k. Other: \$

Family Planning \$ 781,898

 \$

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 18,923,531

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 24,806,639

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: VT

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,758,989	\$ 1,742,951	\$ 1,742,951	\$ 1,705,136	\$ 1,705,170	\$ 1,705,136
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,520,585	\$ 1,679,876	\$ 1,474,306	\$ 2,956,904	\$ 2,465,628	\$ 2,208,312
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 3,279,574	\$ 3,422,827	\$ 3,217,257	\$ 4,662,040	\$ 4,170,798	\$ 3,913,448
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 26,527,631	\$ 24,944,476	\$ 25,638,659	\$ 16,876,536	\$ 26,532,355	\$ 17,765,122
9. Total <i>(Line11, Form 2)</i>	\$ 29,807,205	\$ 28,367,303	\$ 28,855,916	\$ 21,538,576	\$ 30,703,153	\$ 21,678,570
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: VT

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,705,136	\$ 1,705,272	\$ 1,705,272	\$	\$ 1,694,662	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 2,727,247	\$ 2,180,099	\$ 2,599,926	\$	\$ 2,668,350	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 1,568,411	\$ 0	\$	\$ 1,520,096	\$
7. Subtotal <i>(Line8, Form 2)</i>	\$ 4,432,383	\$ 5,453,782	\$ 4,305,198	\$ 0	\$ 5,883,108	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 17,284,710	\$ 18,923,531	\$ 17,765,122	\$	\$ 18,923,531	\$
9. Total <i>(Line11, Form 2)</i>	\$ 21,717,093	\$ 24,377,313	\$ 22,070,320	\$ 0	\$ 24,806,639	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2008
Field Note:
08' budgeted was estimate created when we were reporting on 06' actual expenditures. Actual expenditures in 08' was less than the estimated in 06'.
2. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2007
Field Note:
FY07 funds expended were less than the budgeted amount due to a decrease in funding
3. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2008
Field Note:
After the conference call on 8/25/09 we were asked to include our program income.
4. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2007
Field Note:
Beginning with FY 06 the State of Vermont entered into a new waiver agreement for medicaid. This wavier program is called "Global Commitment for Health." As a result, medicaid expenditures for FY 07 are not comparable to previous years. Medicaid Administration expenditures were included in the FY 07 budgeted number, but because the actual expenditures under "Global Commitment" are not comparable they are omitted from the "expended" column.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: VT

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 14,629	\$ 63,221	\$ 27,209	\$ 71,733	\$ 74,345	\$ 42,443
b. Infants < 1 year old	\$ 204,827	\$ 146,357	\$ 250,484	\$ 228,008	\$ 183,713	\$ 68,518
c. Children 1 to 22 years old	\$ 1,033,067	\$ 1,408,357	\$ 1,353,551	\$ 1,979,664	\$ 1,774,396	\$ 1,658,156
d. Children with Special Healthcare Needs	\$ 1,940,097	\$ 1,747,114	\$ 1,522,901	\$ 2,270,584	\$ 2,052,986	\$ 1,999,576
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 86,954	\$ 57,778	\$ 63,112	\$ 112,051	\$ 85,358	\$ 144,755
g. SUBTOTAL	\$ 3,279,574	\$ 3,422,827	\$ 3,217,257	\$ 4,662,040	\$ 4,170,798	\$ 3,913,448
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 99,910		\$ 270,608		\$ 0	
b. SSDI	\$ 100,239		\$ 69,200		\$ 98,848	
c. CISS	\$ 27,849		\$ 100,000		\$ 0	
d. Abstinence Education	\$ 36,676		\$ 70,615		\$ 12,936	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 100,000		\$ 100,000		\$ 107,269	
g. WIC	\$ 10,700,000		\$ 10,603,000		\$ 11,747,700	
h. AIDS	\$ 1,540,547		\$ 1,494,041		\$ 1,419,492	
i. CDC	\$ 1,517,833		\$ 1,476,177		\$ 1,579,141	
j. Education	\$ 0		\$ 0		\$ 110,000	
k. Other						
Family Planning	\$ 836,307		\$ 857,748		\$ 887,297	
Medicaid Administrat	\$ 0		\$ 0		\$ 10,569,672	
Medicaid	\$ 11,568,270		\$ 10,597,270		\$ 0	
III. SUBTOTAL	\$ 26,527,631		\$ 25,638,659		\$ 26,532,355	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: VT

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 45,769	\$ 35,697	\$ 40,325		\$ 31,308	
b. Infants < 1 year old	\$ 193,480	\$ 132,061	\$ 167,703		\$ 133,134	
c. Children 1 to 22 years old	\$ 1,809,135	\$ 2,427,525	\$ 1,705,448		\$ 2,534,711	
d. Children with Special Healthcare Needs	\$ 2,228,180	\$ 2,712,688	\$ 2,318,043		\$ 3,054,306	
e. Others	\$ 0	\$ 0	\$ 0		\$ 0	
f. Administration	\$ 155,819	\$ 145,811	\$ 73,679		\$ 129,649	
g. SUBTOTAL	\$ 4,432,383	\$ 5,453,782	\$ 4,305,198	\$ 0	\$ 5,883,108	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 61,123		\$ 94,644		\$ 94,644	
c. CISS	\$ 0		\$ 0		\$ 105,000	
d. Abstinence Education	\$ 11,385		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 145,452		\$ 115,000		\$ 130,000	
g. WIC	\$ 11,809,340		\$ 13,222,524		\$ 14,445,768	
h. AIDS	\$ 1,878,047		\$ 1,449,501		\$ 1,449,501	
i. CDC	\$ 2,160,031		\$ 1,956,555		\$ 1,741,720	
j. Education	\$ 212,198		\$ 175,000		\$ 175,000	
k. Other						
Family Planning	\$ 1,007,134		\$ 751,898		\$ 781,898	
III. SUBTOTAL	\$ 17,284,710		\$ 17,765,122		\$ 18,923,531	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2008
Field Note:
Actual expenses were less than budgeted.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2007
Field Note:
Actual expenses were less than budgeted.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2008
Field Note:
Actual expenses were less than budgeted
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2007
Field Note:
Actual expenses were less than budgeted
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2008
Field Note:
On assumption the expenditures would be the sum of the federal grant and required state match plus the maintenance of effort, in reality expenditures have not been that high. Actual 08 were lower than the projection used for 06' budgeted.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2008
Field Note:
On assumption the expenditures would be sum of federal grant and required state match plus the maintenance of effort, in reality expenditures have never been that high, actual 08' were lower than projection used for 06' budgeted
7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2007
Field Note:
The higher than anticipated administrative costs for FFY 07 are due to the AHS/VDH reorganization and resultant change in the approach of distributing administrative costs throughout the Agency's departments, including costs of Single State Audit.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: VT

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 759,760	\$ 1,073,589	\$ 1,017,971	\$ 1,876,186	\$ 1,444,928	\$ 2,096,160
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,127,436	\$ 1,180,422	\$ 1,044,970	\$ 1,405,336	\$ 1,372,108	\$ 1,109,726
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 877,672	\$ 479,001	\$ 553,454	\$ 510,061	\$ 492,110	\$ 421,628
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 514,706	\$ 689,815	\$ 600,862	\$ 870,457	\$ 861,652	\$ 285,934
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,279,574	\$ 3,422,827	\$ 3,217,257	\$ 4,662,040	\$ 4,170,798	\$ 3,913,448

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: VT

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,682,494	\$ 2,971,771	\$ 2,107,182	\$	\$ 3,099,138	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,416,860	\$ 1,414,713	\$ 1,255,612	\$	\$ 1,592,498	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 492,466	\$ 289,272	\$ 554,680	\$	\$ 305,147	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 840,563	\$ 778,026	\$ 387,724	\$	\$ 886,325	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 4,432,383	\$ 5,453,782	\$ 4,305,198	\$ 0	\$ 5,883,108	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
On assumption the expenditures would be sum of Federal Grant and required state match plus the maintenance of effort, in reality, Actual FY 08 were lower than the projection used for FY 06 budgeted
2. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2007
Field Note:
On assumption the expenditures would be sum of Federal Grant and required state match plus the maintenance of effort, in reality expenditures have never been that low, Actual FY 07 were higher than the projection used for FY 07b budgeted
3. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
Assumed the expenditures would be the sum of federal grant and required state match plus maintenance of effort, in reality expenditures actual FY07 were lower than projected for FY07
4. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
budget costs for Population based services were over-estimated for FY08 budgeted due to unusually high expenditures in a small amount of data that was used as a base period
5. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2007
Field Note:
budget costs for Population based services were over-estimated for FY07 budgeted due to unusually high expenditures in a small amount of data that was used as a base period
6. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2007
Field Note:
on assumption the expenditures would be the sum of federal grant and required state match plus the maintenance of effort, in reality we were able to come in below budget due to strong fiscal management.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
<small>Sect. 506(a)(2)(B)(iii)</small>						
STATE: VT						
Total Births by Occurrence: <u>6,210</u>				Reporting Year: 2007		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	<u>6,112</u>	<u>98.4</u>	<u>4</u>	<u>0</u>	<u>0</u>	
Congenital Hypothyroidism	<u>6,112</u>	<u>98.4</u>	<u>50</u>	<u>2</u>	<u>2</u>	<u>100</u>
Galactosemia	<u>6,112</u>	<u>98.4</u>	<u>3</u>	<u>0</u>	<u>0</u>	
Sickle Cell Disease	<u>6,112</u>	<u>98.4</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Other Screening (Specify)						
Homocystinuria	<u>6,112</u>	<u>98.4</u>	<u>3</u>	<u>0</u>	<u>0</u>	
Sickle Cell Trait	<u>6,112</u>	<u>98.4</u>	<u>23</u>	<u>0</u>	<u>0</u>	
Other Hemoglobinopathies	<u>6,112</u>	<u>98.4</u>	<u>48</u>	<u>0</u>	<u>0</u>	
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	<u>6,112</u>	<u>98.4</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>100</u>
3-Methylcrotonyl-CoA Carboxylase Deficiency	<u>6,112</u>	<u>98.4</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>100</u>
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

Number screened includes occurrent births plus out-of-state births transferred to VT hospitals immediately after birth. Other screening tests carried out include 3-Hydroxy 3-Methylglutaryl glutaric aciduria (HMG), Argininosuccinic acidemia (ASA), Beta-ketothiolase deficiency (BIOT), Carnitine uptake deficiency (CUD), Citrullinemia (CIT), Glutaric acidemia type I (GA I), Isovaleric acidemia (IVA), Long-chain L-3-OH acyl-CpA dehydrogenase deficiency (LCHAD), Methylmalonic acidemia (Cbl A, B), Methylmalonic acidemia (mutase deficiency) (MUT), Multiple carboxylase deficiency (MCD), Propionic acidemia (PROP), and Trifunctional protein deficiency (TFP).

FIELD LEVEL NOTES

- 1. Section Number:** Form6_Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2010
Field Note:
Out of 6,210 VT occurrent births in 2007, 6112 were screened in state; 17 died in the perinatal period without screening; the parents of 33 infants refused screening; and 48 were screened out-of-state. Thus (excluding infants who died and those screened out of state) 99.5% of eligible VT infants were screened.
- 2. Section Number:** Form6_Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2010
Field Note:
Out of 6,210 VT occurrent births in 2007, 6112 were screened in state; 17 died in the perinatal period without screening; the parents of 33 infants refused screening; and 48 were screened out-of-state. Thus (excluding infants who died and those screened out of state) 99.5% of eligible VT infants were screened.
- 3. Section Number:** Form6_Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2010
Field Note:
Out of 6,210 VT occurrent births in 2007, 6112 were screened in state; 17 died in the perinatal period without screening; the parents of 33 infants refused screening; and 48 were screened out-of-state. Thus (excluding infants who died and those screened out of state) 99.5% of eligible VT infants were screened.
- 4. Section Number:** Form6_Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2010
Field Note:
Out of 6,210 VT occurrent births in 2007, 6112 were screened in state; 17 died in the perinatal period without screening; the parents of 33 infants refused screening; and 48 were screened out-of-state. Thus (excluding infants who died and those screened out of state) 99.5% of eligible VT infants were screened.
- 5. Section Number:** Form6_Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2010
Field Note:
In 2007, there were no presumptive or confirmed VT cases of Sickle Cell Disease
- 6. Section Number:** Form6_Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2010
Field Note:
Out of 6,210 VT occurrent births in 2007, 6112 were screened in state; 17 died in the perinatal period without screening; the parents of 33 infants refused screening; and 48 were screened out-of-state. Thus (excluding infants who died and those screened out of state) 99.5% of eligible VT infants were screened.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: VT

Reporting Year: 2007

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	6,397	0.0	0.0	0.0	0.0	100.0
Infants < 1 year old	6,454	0.0	0.0	0.0	0.0	100.0
Children 1 to 22 years old	171,158	0.0	0.0	0.0	0.0	100.0
Children with Special Healthcare Needs	4,963	46.3	2.1	38.0	13.7	0.0
Others	0	0.0	0.0	0.0	0.0	0.0
TOTAL	188,972					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2010
Field Note:
no persons served in "other" category

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: VT

Reporting Year: 2007

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	6,243	5,805	128	18	31	1	0	260
Title V Served	6,243	5,805	128	18	31	1	0	260
Eligible for Title XIX	3,232	2,354	49	2	18	0	0	809
INFANTS								
Total Infants in State	6,454	6,150	164	14	126	0	0	0
Title V Served	6,454	6,150	164	14	126	0	0	0
Eligible for Title XIX	3,765	1,737	45	2	11	0	0	1,970

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	6,083	133	27	28	4	43	0	58
Title V Served	6,083	133	27	28	4	43	0	58
Eligible for Title XIX	2,402	15	815	0	0	0	0	15
INFANTS								
Total Infants in State	6,347	107	0	0	0	0	0	107
Title V Served	6,347	107	0	0	0	0	0	107
Eligible for Title XIX	1,795	16	1,954	0	0	0	0	16

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2010
Field Note:
Estimated from total number of occurent births plus fetal deaths, from Vital Records birth and fetal death certificates.
2. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2010
Field Note:
Based on 2007 population estimates.
3. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalHispanic
Row Name: Total Deliveries in State
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
Total of 133 Hispanic deliveries are the sum of 28 Mexican, 4 Cuban, 43 Puerto Rican and 58 Other Hispanic deliveries.
4. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_EthnicityOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2010
Field Note:
58 Other Hispanic (origin unknown) deliveries
5. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
Total of 133 Hispanic deliveries served by Title V are the sum of 28 Mexican, 4 Cuban, 43 Puerto Rican and 58 Other Hispanic deliveries.
6. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2010
Field Note:
58 Other Hispanic (origin unknown) deliveries
7. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
Total of 15 Hispanic deliveries eligible for Title XIX are Other Hispanic (unspecified origin) deliveries.
8. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2010
Field Note:
15 Other Hispanic (origin unknown) deliveries
9. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalHispanic
Row Name: Total Infants in State
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
Total of 107 Hispanic resident infants are Other Hispanic (origin not specified) infants.
10. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_EthnicityOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2010
Field Note:
Total of 107 Hispanic resident infants are Other Hispanic (origin not specified) infants.
11. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
Total of 107 Hispanic resident infants served by Title V are Other Hispanic (origin not specified) infants.
12. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_EthnicityOther
Row Name: Title V Served

Column Name: Other and Unknown
Year: 2010
Field Note:
Total of 107 Hispanic resident infants are Other Hispanic (origin not specified) infants.

13. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
Total of 16 Hispanic resident infants eligible for Title XIX are Other Hispanic (origin not specified) infants.
14. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2010
Field Note:
Total of 16 Hispanic resident infants eligible for Title XIX are Other Hispanic (origin not specified) infants.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: VT

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	<u>800-649-HELP</u>	<u>800-649-HELP</u>	<u>800-649-HELP</u>	<u>(800) 649-HELP</u>	<u>(800) 649-HELP</u>
2. State MCH Toll-Free "Hotline" Name	<u>Help Your Baby Help Yourself</u>	<u>Help Your Baby Help Yourself</u>	<u>Help Your Baby, Help Yourself Hotline</u>	<u>Help Your Baby, Help Yourself Hotline</u>	<u>Help Your Baby; Help Yourself Hotline</u>
3. Name of Contact Person for State MCH "Hotline"	<u>Deborah Wilcox</u>	<u>Kathleen Keleher</u>	<u>Kathleen Keleher</u>	<u>Kathleen Keleher</u>	<u>Melissa Cronin</u>
4. Contact Person's Telephone Number	<u>802-863-7333</u>	<u>802-863-7333</u>	<u>802-863-7333</u>	<u>(802) 863-7333</u>	<u>(802) 863-7333</u>
5. Contact Person's Email	<u>dwilcox@vdh.state.vt.us</u>				
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>24,600</u>	<u>24,544</u>	<u>21,152</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: VT

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
2. State MCH Toll-Free "Hotline" Name	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
3. Name of Contact Person for State MCH "Hotline"	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
4. Contact Person's Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
5. Contact Person's Email	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: VT

1. State MCH Administration:
(max 2500 characters)

Title V is administered by the Vermont Department of Health, within the Agency of Human Services. Title V related services include: Direct services: multi disciplinary clinic-based services to CSHN of all ages, immunization services for children with marginal access to preventative health care, collaboration with Healthy Babies, Kids, and Families for care coordination and services for pregnant women and young children. Enabling services: outreach, information, and referral and administrative case management for children enrolled in Medicaid, nursing, social work, care coordination, and respite care for CSHN, Medicaid prior authorization of certain medical and dental services (in collaboration with Medicaid and managed care,) primary care medical home support. Population Services: Newborn metabolic and hearing screening, breastfeeding support programs, lead screening. Infrastructure: Statewide interagency and community based health care system and public health planning for the MCH population, including CSHCN.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,694,662
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 2,668,350
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 1,520,096
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 5,883,108

9. Most significant providers receiving MCH funds:

Fletcher Allen Health Care
Univeristy of Vermont
Parent to Parent
Addison County Parent Child Center

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	6,397
b. Infants < 1 year old	6,454
c. Children 1 to 22 years old	171,158
d. CSHCN	4,963
e. Others	0

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Vt CSHCN Program provides direct services at sites accessible around the state. The services are multidisciplinary specialty medical clinics and include the support of wraparound teams, typically nurse and medical social workers. The CSHN programs also have a substantial component of care coordination and outreach, even for families who do not receive services through one of the clinics. Title V provides funding for respite care for CSHN. In partnership with a consortium of Vermont hospitals, the Hearing Outreach Program makes available outpatient hearing screening, performed by a pediatric audiologist, for infants and young children or hard-to-test older children and coordinates universal hearing screening for all newborns. The statewide Healthy Babies Kids and Families program (now out of DCF) provides both direct public health nursing care and enabling services (case management and services system coordination) for pregnant women, infants, and children up to age five who use Medicaid. HBKF is being combined with FITP and Childrens Mental Health services to become a single coordinated system of care. EPSDT sponsored services in school settings have been expanded and target medical and dental health needs. WIC provides nutrition and education services and coordinates closely with other state and local programs.

b. Population-Based Services:
(max 2500 characters)

The state newborn screening program continues to reach a high percent of Vermont newborns. A statewide Fluoride Mouthwash Program continues to be provided in many Vermont schools in regions without fluoridated water systems. In addition, a variety of funds (state and Medicaid) support the development of dental health screening and promotion programs in schools and provider practices. The CSAP-funded State Incentive Cooperative Agreement Grant is providing support to communities for provision of comprehensive, research based programs for tobacco, alcohol and other drug prevention. Statewide population-based services (related to Title V) include reproductive health services, immunization program, genetic services, SUDI prevention program, WIC, EPSDT, tobacco cessation, and lead poisoning prevention.

c. Infrastructure Building Services:
(max 2500 characters)

Title V, in partnership with Part C IDEA funding, continues to expand capacity to provide nutrition services for CSHCN. Collaborations with Parent to Parent and AAP are continuing to expand medical home system (including Bright Futures) for all children, including CSHCN. Healthy Babies Kids and Families, out of DCF, has established a strong collaborative infrastructure in each health district. MCH Coalitions in each region are bringing together primary care, OB/GYN, home health, Parent Child Centers, and other community providers. Vermont has expanded Medicaid coverage to children in families with incomes of up to 300% of poverty and continues with extensive outreach to increase enrollment. Several collaborative efforts are underway to develop infrastructure of coordinated systems for the preventative health, dental, mental health care an other services for children and families: examples of public health issue planning are: birth outcomes, childhood obesity, physical activity, lead poisoning, autism spectrum disorders, breastfeeding, women's health, injury prevention. Collaboration with the ECCS grant funded activities (Building Bright Futures) is designed to establish a statewide system of coordinated early childhood programs.

12. The primary Title V Program contact person:

13. The children with special health care needs (CSHCN) contact person:

Name	Dr Wendy Davis
Title	Commissioner of Health
Address	VDH, 108 Cherry St
City	Burlington
State	VT
Zip	05401
Phone	802-863-7270
Fax	802-863-7229
Email	wdavis@vdh.state.vt.us
Web	healthvermont.gov

Name	Dr Wendy Davis
Title	Medical Director, CSHN
Address	108 Cherry St
City	Burlington
State	VT
Zip	05401
Phone	802-863-7338
Fax	802-863-7635
Email	chassle@vdh.state.vt.us
Web	helathvermont.gov

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: VT

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	99	99.5	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	5	5	7	4	10
Denominator	5	5	7	4	10
Data Source					VT Newborn Screening Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	57.4	57.4	60	60	65
Annual Indicator	57.4	57.4	57.4	59.8	59.8
Numerator					
Denominator					
Data Source					National Survey CSHCN Chartbook 2005-2006

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	65	65	70	70	70
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey. The 2008 estimate is based on the 2005-2006 survey data, which is the most recent survey available.

2. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	56.5	56.5	60	60	60
Annual Indicator	56.5	56.5	56.5	51.6	51.6
Numerator					
Denominator					
Data Source					National Survey CSHCN Chartbook 2005-2006
Do not report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	62	62	65	65	65
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03. The 2008 estimate is based on the 2005-2006 survey, which is the most recent available.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	68.7	68.7	72	72	72
Annual Indicator	68.7	68.7	68.7	69.4	69.4
Numerator					
Denominator					
Data Source					National Survey CSHCN Chartbook 2005-2006

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey. The estimate for 2008 is based on 2005-2006 survey data, which are the most recent available.

2. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	72.7	72.7	75	75	92
Annual Indicator	72.7	72.7	72.7	89.3	89.3
Numerator					
Denominator					
Data Source					National Survey CSHCN Chartbook 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	92	95	95	95	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05. The 2008 estimate is based on 2005-2006 survey data, which is the most recent available.

2. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	5.8	5.8	7.5	7.5	55
Annual Indicator	5.8	5.8	5.8	52	52
Numerator					
Denominator					
Data Source					National Survey CSHCN CAHMI website 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	55	58	58	60	60
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data. The 2008 estimate is based on the 2005-2006 survey, which is the most recent available.

2. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

The numerator for this measure was 4 - which was below the minimum (n=50) required for calculation of a statistically reliable rate.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	90	90	90	90	90
Annual Indicator	83.2	83.2	86.1	79.8	74.4
Numerator					
Denominator					
Data Source					National Immunization Survey
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	80	80	85	85	85
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2008

Field Note:

Data from National Immunization Survey reflects the 4:3:1:3 :3 schedule for children 19-35 months in 2008. Data prior to 2006 was reported for the 4:3:1:3 schedule, and rates are not comparable.

2. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2007

Field Note:

Data from National Immunization Survey reflects the 4:3:1:3 :3 schedule for children 19-35 months in 2007. Data prior to 2006 was reported for the 4:3:1:3 schedule, and rates are not comparable.

3. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2006

Field Note:

Data from National Immunization Survey reflects the 4:3:1:3 :3 schedule for children 19-35 months in 2007. Data prior to 2006 was reported for the 4:3:1:3 schedule, and rates are not comparable.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	10	6	6	6	6
Annual Indicator	8.2	8.1	8.1	8.7	8.7
Numerator	109	107	106	113	113
Denominator	13,274	13,248	13,153	12,971	12,971
Data Source					VT Vital Records birth certificate data
Do not report the numerator because fewer than 5 events over the last year, and fewer than 5 events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>7</u>	<u>7</u>	<u>7</u>	<u>6</u>	<u>6</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2008
Field Note:
 Reliable data for 2008 are not available at the time of submission. The 2008 estimate is based on 2007 data. Vital statistics for births in 2007 are preliminary, and are subject to change. Population estimates for 2008 will be available in November 2009.
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2007
Field Note:
 Vital statistics for births in 2007 are preliminary, and are subject to change.
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2006
Field Note:
 Vital statistics for VT births in 2005 and 2006 are still preliminary. Final values for 2005 should be available in the Fall of 2008.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	68	69	70	71	72
Annual Indicator	66.3	66.3	66.3	66.3	66.3
Numerator	271	271	271	271	271
Denominator	409	409	409	409	409

Data Source

2003 Screening

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	72	72	75	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data is from a one-time non invasive screening of 1,238 children in grades 1-3 in the year 2002-2003. There has not been another screening conducted since that time. Medicaid data indicates there were 2,540 children ages 6-9 years receiving sealants during FFY08. The Medicaid data is not reported as a percentage here due to inability to determine a denominator of Medicaid children of that age group who need sealants.

- 2.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data is from a one-time non invasive screening of 1,238 children in grades 1-3 in the year 2002-2003. There has not been another screening conducted since that time. Medicaid data indicates there were 1,434 children ages 6-9 years receiving sealants during FFY07. The Medicaid data is not reported as a percentage here due to inability to determine a denominator of Medicaid children of that age group who need sealants.

- 3.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data is from a one-time non invasive screening of 1,238 children in grades 1-3 in the year 2002-2003. There has not been another screening conducted since that time. Medicaid data indicates that there were 1,452 children receiving sealants during FFY06.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	3	2	2	2	2
Annual Indicator	NaN	4.7			
Numerator	0	5			
Denominator	0	106,116	106,110	104,674	104,674
Data Source					Death certificates; VT 2007 population estimates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?			Yes	Yes	Yes
				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2008

Field Note:

Vital statistics data for VT 2008 deaths - especially deaths occurring out-of-state - are not yet available. Preliminary data should be available by the end of 2009. The 2008 estimate is based on 2007 data.

2. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

In 2007, 3 children aged 14 or younger died due to motor vehicle crashes in Vermont, a number below the threshold for which rates are to be calculated. The 3-year average (2005-07) is also less than 5. Vital statistics data for VT 2007 deaths - especially deaths occurring out-of-state - are preliminary.

3. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

In 2006, 3 children aged 14 or younger died due to motor vehicle crashes in Vermont, a number below the threshold for which rates are to be calculated. The 3-year average is also less than 5.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			45	60	60
Annual Indicator		42.9	55.3	53.8	53.8
Numerator					
Denominator					
Data Source					National Immunization Survey - 2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	60	60	65	65	65
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

The 2008 rate is an estimate based on the provisional 2005 rate from the National Immunization Survey. The numerator and denominator were not reported. In July 2007, CDC revised the way that breastfeeding rates were calculated, which are now based on year of child's birth. The 2008, 2007 and 2006 rates are therefore not comparable with 2005.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

The 2007 rate is an estimate based on the 2005 rate from the National Immunization Survey. The numerator and denominator were not reported. In July 2007, CDC revised the way that breastfeeding rates were calculated, which are now based on year of child's birth. The 2007 and 2006 rates are therefore not comparable with 2005.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

The 2006 rate is an estimate based on the 2004 rate from the National Immunization Survey. The numerator and denominator were not reported. In July 2007, CDC revised the way that breastfeeding rates were calculated, which are now based on year of child's birth. The 2005 and 2006 rates are therefore not comparable.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	95	97	97	98	98
Annual Indicator	95.8	96.1	96.0	96.3	96.3
Numerator	5,838	5,755	5,719	5,861	5,861
Denominator	6,093	5,986	5,955	6,088	6,088
Data Source					VT Universal Newborn Hearing Screening Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	98	98	98	98	98
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

Hearing screening data for 2008, together with an estimate of the number of occurrent hospital births, were not available at the time of submission. They will be available in January 2010. The 2008 estimate is based on 2007 data.

- 2.
- Section Number:**
- Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Since this performance measure relates to infants screened before discharge from hospital, only births that occurred in VT hospitals are included in the denominator. Vital statistics data for 2007 VT occurrent births remain preliminary at the time of submission.

- 3.
- Section Number:**
- Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

Since this performance measure relates to infants screened before discharge from hospital, only births that occurred in VT hospitals are included in the denominator. Vital statistics data for 2006 VT occurrent births remain preliminary at the time of submission.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	3	3	2	2	2
Annual Indicator	5.3	5.7	6.9	8.5	8.5
Numerator	7,770	8,250	9,822	11,700	11,700
Denominator	145,614	143,960	143,384	137,750	137,750
Data Source					Kaiser Foundation, State Health Facts
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	6	6	5	5	5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Insurance data and VT population estimates currently are unavailable for 2008. They are expected to be published by Kaiser Foundation in March, 2010. The 2008 estimate is based on 2007 data.

2. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

1) Insurance data for VT are reported from Kaiser Family Foundation State Health Facts. For consistency, the total population estimate reported by Kaiser is used for the denominator even though this number is at variance with the VT population estimate used elsewhere.

2) It should be noted that the age range reported here is 0-18 yrs, not <18 yrs as originally defined for the numerator and denominator.

3. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

1) These data are reported from Kaiser Family Foundation State Health Facts. For consistency, the total population estimate reported by Kaiser is used for the denominator even though this number is at variance with the VT population estimate used elsewhere.

2) It should be noted that the age range reported here is 0-18 yrs, not <18 yrs as originally defined for the numerator and denominator.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			30	30	25
Annual Indicator		30.1	28.7	29.6	29.6
Numerator					
Denominator					
Data Source					CDC Pediatric Nutrition Surveillance Report - 2008
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>25</u>	<u>25</u>	<u>22</u>	<u>22</u>	<u>22</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2008
Field Note:
 The 2007 data from the Pediatric Nutrition Surveillance System has been updated in 2009.
- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2007
Field Note:
 The 2006 data has been updated to reflect the value of 28.7%. The 2007 data from CDC's Pediatric Nutrition Surveillance Survey is not available at this writing.
- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2006
Field Note:
 Data for the past years: 2001: 28.4%, 2002: 27.7%, 2003: 29.3%, 2004: 27.8%. Data for 2006 is not available at this writing and so the value for 2005 is used as placeholder. 2006 will be updated for next year's application.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			16	14	14
Annual Indicator		16.8	14.8	15.8	15.8
Numerator		1,090	937	996	996
Denominator		6,497	6,320	6,316	6,316
Data Source					VT Vital Records birth certificate data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	14	12	10	10	10
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2008
Field Note:
 Vital statistics data for 2008 VT births were unavailable at the time of submission. Preliminary 2008 data should be available in January 2010. 2007 data remain provisional. The 2008 estimate is based on 2007 data.
- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2007
Field Note:
 Vital statistics data for 2007 VT births are preliminary.
- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2006
Field Note:
 Vital statistics data for 2006 VT births remain preliminary at the time of submission.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	8	8	7	4	4
Annual Indicator	11.0				
Numerator	5				
Denominator	45,643	45,801	46,163	45,733	45,733

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Provisional Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2008

Field Note:

Vital statistics data for 2008 VT deaths -- especially out-of-state deaths -- are currently incomplete. Preliminary data will be available in January 2010. Population estimates for 2008 will be available in December 2009.

2007 data remain provisional. The 2008 estimate is based on 2007 data.

2. Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

Only three deaths were reported in 2007, which is below the minimum numerator size for reporting. The 3-year average (2005-2007) was also less than 5. Vital statistics death records for 2007 VT deaths remain preliminary at the time of submission.

3. Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

Only two deaths were reported in 2006, which is below the minimum numerator size for reporting. The 3-year average was also less than 5. Vital statistics death records for 2006 VT deaths remain preliminary at the time of submission.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	95	95	95	95	95
Annual Indicator	93.0	86.3	79.3	92.3	92.3
Numerator	53	63	69	60	60
Denominator	57	73	87	65	65
Data Source					VT Vital Records birth certificate data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Vital statistics data for 2008 VT births were incomplete at the time of submission. Preliminary data will be available in January 2010. 2007 data remain provisional. The 2008 estimate is based on 2007 data.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Vital statistics data for 2007 VT births remain preliminary at the time of submission.

Level III neonatal facilities where very low birthweight babies were born in 2007 included Fletcher Allen Health Care (VT) and Dartmouth Hitchcock Medical Center (NH).

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Vital statistics data for 2006 VT births remain preliminary at the time of submission.

Level III neonatal facilities where very low birthweight babies were born in 2006 include Fletcher Allen Health Care (VT), Bay State Medical Center (MA), Dartmouth Hitchcock Medical Center (NH), and Albany Medical Center (NY).

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	90	92	92	93	94
Annual Indicator	90.0	89.5	89.4	89.5	89.5
Numerator	5,709	5,386	5,442	5,352	5,352
Denominator	6,341	6,015	6,084	5,982	5,982
Data Source					VT Vital Records birth certificate data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i> Is the Data Provisional or Final?					
				Provisional	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

Vital statistics data for 2008 VT births were unavailable at the time the report was submitted. Preliminary 2008 data should be available in January 2010. 2007 data remain provisional. The 2008 estimate is based on 2007 data.

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Vital statistics data for 2007 VT births were preliminary at the time the report was submitted.

For continuity, and to permit comparison with earlier years the NCHS pre- 2003 definition of month prenatal care began was used. 83.4 percent of infants were born in 2007 to women receiving prenatal care in the first trimester, calculated using the new definition of month prenatal care began.

3. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

Vital statistics data for 2006 VT births remain preliminary at the time of submission.

STATE PERFORMANCE MEASURE # 1

The percent of Vermont women who indicate that their pregnancies are intended.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			70	70	73
Annual Indicator	67.6	67.6	63.2	66.0	66.0
Numerator	4,271	4,271	3,929	4,128	4,128
Denominator	6,314	6,314	6,217	6,253	6,253
Data Source					VT PRAMS Survey - 2007
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	73	73	73	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

Estimate is based on data from PRAMS survey of women who have recently given birth to live infants. This estimate does not include pregnancies that end in abortions or fetal deaths. The 2008 estimate is based on 2007 PRAMS survey data. Actual data for 2008 were not available at the time of reporting. They will be available in 2010.

2. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

Estimate is based on data from PRAMS survey of women who have recently given birth to live infants. This estimate does not include pregnancies that end in abortions or fetal deaths. The revised 2007 estimate is based on 2007 PRAMS survey data.

3. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

Estimate is based on data from PRAMS survey of women who have recently given birth to live infants. This estimate does not include pregnancies that end in abortions or fetal deaths. The revised 2006 estimate based on 2006 PRAMS survey data.

STATE PERFORMANCE MEASURE # 2

The percent of licensed child care centers serving children age birth to five who have on-site consultation.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective			60	60	63
Annual Indicator		57.3	18.4	16.2	16.2
Numerator		243	75	66	66
Denominator		424	408	408	408
Data Source					program data
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	63	65	65	65	65
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

SPM 2 is designed to measure the percent of on-site visits by child care health consultants - which is reported here as 66 visits with 10 out of 12 districts reporting. Due to staffing shortages, other methods of child care health consultation are being emphasized in addition to site visits, such as phone visits and regional inservice sessions. In 2008, due to budget and staffing cuts, the capacity to carryout this program's activities was severely hampered. Thus, the data reported is the data for 2007. Evaluation of program capacity and appropriateness of the SPM for the next year is presently taking place.

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

SPM 2 is designed to measure the percent of on-site visits by child care health consultants - which is reported here as 66 visits with 10 out of 12 districts reporting. Due to staffing shortages, other methods of child care health consultation are being emphasized in addition to site visits, such as phone visits and regional inservice sessions.

3. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

The measure for child care health consultant visits is considered developmental. The numerator is from record reviews and surveys and the denominator is from state program data. The percentage has also changed from 2005 because of a more accurate determination of licensed child cares appropriate to include in the denominator. Also, there is still not a reliable data base to collect information on the number of visits by a child care health consultant. Planning for a web-based data base to be developed over the next year.

STATE PERFORMANCE MEASURE # 3

The percent of youth who do not binge drink on alcoholic beverages.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			80	82	82
Annual Indicator	77.1	78.6	78.6	77.0	77.0
Numerator	30,492	31,347	31,347	29,744	29,744
Denominator	39,524	39,891	39,891	38,641	38,641
Data Source					YRBS Survey - 2007
Is the Data Provisional or Final?				Final	Final
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	85	85	85	85	85
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

The YRBS survey is carried out biennially. The estimate for 2008 is based on a YRBS survey carried out in 2007. .

2. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

Weighted data for 2007 are based on a YRBS survey carried out in the same year.

3. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

YRBS Survey is carried out every two years. The 2006 estimate is based on the 2005 survey. Weighted estimates are reported.

STATE PERFORMANCE MEASURE # 4

The percent of women of childbearing age who consume at least two servings of fruit and three servings of vegetables daily.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			34	35	35
Annual Indicator		33.5	33.5	35.0	35.0
Numerator		37,726	37,726	38,680	38,680
Denominator		112,736	112,736	110,600	110,600
Data Source					BRFSS Survey - 2007
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	38	38	38	38	38
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 estimate is based on 2007 BRFSS survey of VT women 18-44 years. The BRFSS fruit and vegetable survey questions are only asked in Vermont every other year. Weighted data for 2009 will be available in February 2010.

Note that BRFSS question does not differentiate between fruit and vegetable servings. Numerator reported is population estimate for women 18-44 years who reported eating 5 or more servings of fruits and vegetables, combined.

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Weighted data based on 2007 BRFSS survey of VT women 18-44 years. Note that BRFSS question does not differentiate between fruit and vegetable servings. Numerator reported is population estimate for women 18-44 years who reported eating 5 or more servings of fruits and vegetables, combined.

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for this item are derived from a BRFSS question that is asked every other year. Estimated data for 2006 are therefore pre-populated with actual data from 2005.

Note that BRFSS question does not differentiate between fruit and vegetable servings. Numerator reported is population estimate for women 18-44 years who reported eating 5 or more servings of fruits and vegetables, combined.

STATE PERFORMANCE MEASURE # 5

The percent of youth who feel like they matter to people.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			45	48	48
Annual Indicator	42	44.6	44.6	47.4	47.4
Numerator		17,630	17,630	18,192	18,192
Denominator		39,538	39,538	38,355	38,355
Data Source					YRBS Survey - 2007
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

The YRBS survey is carried out biennially. Data for 2008 is based on the weighted population estimate from the YRBS survey carried out in 2007.

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Weighted population estimate based on YRBS survey carried out in 2007.

3. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

Weighted data is from the 2005 YRBS which is conducted every other year.

STATE PERFORMANCE MEASURE # 6

The percent of Vermont towns (population of 2,000 or more) who have at least one organized physical activity program in place that is open to all and promoted as a family activity

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			35	40	40
Annual Indicator		40.7	40.7	40.7	40.7
Numerator		35	35	35	35
Denominator		86	86	86	86
Data Source					Program data
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	45	50	50	50	50
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

This objective has been aligned with VDH process of coordinating community based prevention efforts concentrating on program implementation. Recently the emphasis has changed to support ing a broad public health planning process that includes needs assessment and evaluation in addition to implementation. Thus data for this measure is no longer being gathered. An appropriate new measure will be considered for the 2010 TV Strengths and Needs Assessment.

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

The programs to achieve this measure are continuing, however, no new towns have begun programs to the extent that they are able to be included in the numerator.

STATE PERFORMANCE MEASURE # 7

The percent of children with SSI who receive an annual care plan.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			13	14	14
Annual Indicator		12.6	12.3	11.2	9.0
Numerator		193	203	177	150
Denominator		1,537	1,644	1,585	1,669
Data Source					VT Medicaid Claims data
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

Medicaid claims data used for this measure is from Federal fiscal year 2008.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data for 2006 were updated to reflect more complete information.

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

Last year's provisional results were recalculated with more complete data and indicated that there were 193 care plans written in 2005, compared with 203 for 2006.

STATE PERFORMANCE MEASURE # 8

The percent of low income children (with Medicaid) who utilize dental services in a year.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	51	52	52	54	54
Annual Indicator	47.7	49.1	49.2	50.2	52.8
Numerator	35,845	36,413	36,376	35,912	37,523
Denominator	75,144	74,140	73,886	71,551	71,131
Data Source					Medicaid Claims
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	55	55	55	55	55
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 9

The percent of children with emotional, developmental, or behavioral problems that require treatment or counseling who received needed mental health services in the past year.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			72	72	73
Annual Indicator		70.0	70.0	69.3	69.3
Numerator		7,956	7,956	8,438	8,438
Denominator		11,371	11,371	12,172	12,172
Data Source					National Survey Children's Health, CAHMI website
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	74	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2008

Field Note:

These data are derived from a NSCH survey that was carried out in 2007. The estimate for 2008 is data collected in the previous year. Provisional 2007 data have been revised accordingly to reflect the most recent survey data.

- Section Number:** Form11_State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2007

Field Note:

These data were revised to reflect information collected in the most recent NSCH survey carried out in 2007.

- Section Number:** Form11_State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2006

Field Note:

These data are derived from a NSCH survey that was last carried out in 2003-04. The estimate for 2006 is therefore carried over from the previous year.

STATE PERFORMANCE MEASURE # 10

The percent of one year old children who are screened for blood lead poisoning.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			80	82	82
Annual Indicator	73.4	75.1	77.5	80.0	84.7
Numerator	5,007	5,119	5,209	5,249	5,254
Denominator	6,818	6,818	6,721	6,560	6,203
Data Source					Lead screening Program
Is the Data Provisional or Final?				Final	Provisional
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	83	84	85	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2008

Field Note:

In 2008, the Vermont Child Lead Screening program changed the method used to calculate the numerator for this measure. Previous calculations were found to have undercounted the number of children screened. Comparable rate calculations for 2005 through 2007 are 77.2%, 79.3% and 84.6%, respectively. The rate for 2008 should not be compared directly to previously published rates for the earlier years. The current rate is based on the population estimate for 2007, and should be considered provisional.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: VT

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	5.6	5.4	5.2	5	5
Annual Indicator	4.4	6.5	5.5	5.1	5.1
Numerator	29	42	36	33	33
Denominator	6,597	6,475	6,510	6,514	6,514

Data Source

Death certificates;
VT 2007 population
estimates

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	5	4.9	4.9	4.8	4.8

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2008

Field Note:

Vital Statistics data for 2008 were unavailable at the time of submission. Population estimates for 2008 will be available at the end of CY2009. 2007 data remain provisional. The 2008 estimate is based on 2007 data.

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

Vital Statistics data for 2007 were provisional at the time of submission.

3. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2006

Field Note:

Final death data for 2006 were not available at the time of submission.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					Death certificates; VT 2007 population estimates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)			Yes	Yes	Yes
Is the Data Provisional or Final?					

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2008

Field Note:

Vital Statistics data for 2008 were unavailable at the time of submission. Population Estimates for 2008 will be available at the end of CY2009. 2007 data remain provisional. The 2008 estimate is based on 2007 data.

2. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

In 2007, there was one black infant death, or an average of one death per year over a three year period (2005-2007). This number is below the threshold for which rates are calculated.

3. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

In 2006, there was one black infant death, or an average of one death per year over a three year period. This number is below the threshold for which rates are calculated.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	3.5	3.5	3.4	3.4	3.4
Annual Indicator	3.4	4.0	3.1	3.1	3.1
Numerator	67	26	20	20	20
Denominator	19,572	6,475	6,510	6,514	6,514

Data SourceDeath certificates;
VT 2007 population
estimates

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3	3	2.8	2.8	2.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form12_Outcome Measure 3

Field Name: OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Vital Statistics data for 2008 were unavailable at the time of submission. Population Estimates for 2008 will be available at the end of CY2009. 2007 data remain provisional. The 2008 estimate is based on 2007 data.

- 2.
- Section Number:**
- Form12_Outcome Measure 3

Field Name: OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Vital Statistics data for 2007 were provisional at the time of submission.

- 3.
- Section Number:**
- Form12_Outcome Measure 3

Field Name: OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

Final death data for 2006 were not available at the time of submission.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2	2	2	1	1
Annual Indicator	1.1	1.5	2.1	2.3	2.3
Numerator	22	29	42	45	45
Denominator	19,572	19,661	19,582	19,499	19,499

Data Source

Death certificates

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1	1	1	1	1

Annual Indicator**Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2008

Field Note:

Vital Statistics data for 2008 were unavailable at the time of submission. Population Estimates for 2008 will be available at the end of CY2009. 2007 data remain provisional. The 2008 estimate is based on 2007 data.

2. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2007

Field Note:

There were 13 VT postneonatal deaths in 2007. Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using small samples, the data presented here are three year averages, using in this case the summed data for 2005, 2006 and 2007 in both numerator and denominator.

Vital Statistics data for 2007 were provisional at the time of submission.

3. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2006

Field Note:

Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using small samples, the data presented here are three year averages, using in this case the summed data for 2006, 2005 and 2004 in both numerator and denominator.

Final death data for 2006 were not available at the time of submission.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	7.3	7.3	6	6	5.5
Annual Indicator	4.5	4.9	4.3	4.1	4.1
Numerator	30	32	28	27	27
Denominator	6,618	6,488	6,524	6,543	6,543
Data Source					Death certificates

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	4	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2008

Field Note:

Vital Statistics data for 2008 were unavailable at the time of submission. 2007 data remain provisional. The 2008 estimate is based on 2007 data.

2. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

Vital statistics data for 2006 and 2007 were provisional at the time of submission.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	17.5	17	15	15	14.5
Annual Indicator	14.3	26.1	18.5	16.7	16.7
Numerator	46	26	56	50	50
Denominator	322,046	99,696	302,107	298,687	298,687
Data Source					Death certificates; VT 2007 population estimates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	14	14	14	14	14
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2008

Field Note:

Vital Statistics data for 2008 were unavailable at the time of submission. Population Estimates for 2008 will be available at the end of CY2009. 2007 death data remain provisional. The 2008 estimate is based on 2007 data.

2. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

There were 12 VT deaths of children 1-14 years old in 2007. Three year averages for 2005-2007 are provided. Vital Statistics data for 2007 were preliminary at the time of submission.

3. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

Final death data for 2006 were not available at the time of submission.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: VT

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 14

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

1. **Section Number:** Form13_Main
- Field Name:** Question5
- Row Name:** #5. Family members hired as paid staff or consultants to the State CSHCN program...
- Column Name:**
- Year:** 2010
- Field Note:**
As a strategy supported with our NFI grant, we are hiring an individual parent liaison, as well as continuing our infrastructure support to Vermont Family Network.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: VT FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Pregnant women and young children thrive.
2. Children live in stable, supported families.
3. Youth choose healthy behaviors and will thrive.
4. Women lead healthy and productive lives.
5. Youth successfully transition to adulthood.
6. Communities provide safety and support for families.
7. All children, including CSHN, receive continuous and comprehensive health care within a medical home.
8. All children receive continuous and comprehensive oral health care within a dental home.
9. Children and families are emotionally healthy.
10. Children and families live in healthy environments.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: VT

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	TA request may be forthcoming after further planning for needs of MCH/CSHN program administrators.	MCH and CSHN program capacity is under review at this time and it is still to be determined how a TA project can best support existing program priorities and grant deliverables.	a professional facilitator with experience in the specific public health or program issue will be selected via a search process.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: VT

SP # 1

PERFORMANCE MEASURE:

The percent of Vermont women who indicate that their pregnancies are intended.

STATUS:

Active

GOAL

To increase the percent of women whose pregnancies are intended.

DEFINITION

The percent of Vermont PRAMS respondents (Vermont resident births occurring in either Vermont or New Hampshire) who respond to the PRAMS question of "Thinking back to just before you got pregnant, how did you feel about becoming pregnant?" and answering Yes to "I wanted to be pregnant then" or "I wanted to be pregnant sooner."

Numerator:

Those women responding to the PRAMS question of "Thinking back to just before you got pregnant, how did you feel about becoming pregnant?" and answering Yes to "I wanted to be pregnant then" or "I wanted to be pregnant sooner."

Denominator:

Those women responding to the PRAMS question of "Thinking back to just before you got pregnant, how did you feel about becoming pregnant?"

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related Objective 9-3: Increase the proportion of females at risk of unwanted pregnancy (and their p
 Target: 100%. Baseline: 93% of females aged 15-44 at risk of unwanted pregnancy used contraception in 1995.
 Related Objective 9-4: Reduce the proportion of females experiencing pregnancy despite use of a rever
 Target: 7%. Baseline: 13% of females experienced pregnancy despite use of a reversible contraceptive method.

DATA SOURCES AND DATA ISSUES

PRAMS Question: "Thinking back to just before you got pregnant, how did you feel about becoming pregnant?" And responded "I wanted to be pregnant then" or "I wanted to be pregnant sooner."

SIGNIFICANCE

According to data from the National Survey of Family Growth (NSFG), in the United States, approximately half of all pregnancies across the age spectrum are "unintended" and may be associated with social, economic, and medical costs. Although a pregnancy may be reported as unintended, most children at birth are welcomed and nurtured. However, the social costs of unintended births can include reduced educational attainment and employment opportunity, greater dependence on welfare, and increased potential for child abuse and neglect, with a greater impact noted for adolescent mothers. In general, women who lack preparedness for pregnancy are less likely to receive timely prenatal care, and their infants are more likely to lack sufficient resources for healthy development (Healthy People 1010 Progress Review, Family Planning, December, 2004.)

SP # 2

PERFORMANCE MEASURE:

The percent of licensed child care centers serving children age birth to five who have on-site consultation.

STATUS:

Active

GOAL

To support children to thrive within families by enhancing early education system which is defined broadly to indicate collaboration with MCH and public health.

DEFINITION

The number of center-based child care providers licensed by the Department of Children and Families who serve children aged birth through six years that receive and least one visit annually from a child health care consultant.

Numerator:

Number of licensed center-based facilities that serve children under six years of age who have received a visit from a child care health consultant in the past year.

Denominator:

Licensed center-based facilities that serve any child under six years of age.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

N/A

DATA SOURCES AND DATA ISSUES

Data, including the denominator, is available from the Vermont Department for Children and Families, Child Development Division. Although there are a variety of systems that can be accessed for basic data for this measure's numerator, there is not yet a fully automated statewide system for entry and retrieval of data related to activity of Child Health Care Consultants. Over the next few years, a more comprehensive system will be developed. The data for the denominator is available from the Child Development Division's Building Bright Futures data system (public portal available at www.brightfuturesinfo.org.)

SIGNIFICANCE

To be able to measure the link between comprehensive early childhood systems and the strengthening of assets in young children and families.. A strong system of early childhood services promotes the health and welfare of children and their families. Region 1 has committed to create a measure that captures this concept within the mission of Title V programs. The measure incorporates the philosophy of assets and also an ecological model of factors that influence child health and development. Nationally, the number of children ages birth to age six in out-of-home care has increased from 30% to over 76% since the 1970's. Thus, it has become increasingly important to be able to evaluate child care programs, to assess quality and accessibility, and to know the impact of care on children's health. Child care health consultants play a critical role in promoting healthy and safe child care environments and supporting education for children, their families, and child care providers. This support specifically includes children with special health care needs. Child care health consultants also improve access to preventive health services such as medical and dental homes, early intervention and family support. This measure is consistent with recommendations from the AAP, APHA, and MCHB/HRSA.

SP # 3

PERFORMANCE MEASURE:

The percent of youth who do not binge drink on alcoholic beverages.

STATUS:

Active

GOAL

To increase the percent of youth who do not binge drink using alcoholic beverages as a strategy to support healthy behaviors in youth.

DEFINITION

The percent of youth who did not binge drink on alcohol in the last thirty days.

Numerator:

The number of youth in 8th-12th grade reporting that they did not binge drink on alcohol in the last thirty days.

Denominator:

Number of youth in 8th-12th grade participating in the (comparable) Youth Risk Behavior Survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

HP 2010 26-11

HP 2010 Objective 26-11: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. Baseline for HS Seniors: 32% (1998) Target: 11%. Baseline for College Students: 39% (1998) Target: 20%.

DATA SOURCES AND DATA ISSUES

Youth Risk Behavior Survey. Binge drinking is defined as having five or more drinks of alcohol within a couple of hours.

SIGNIFICANCE

Binge drinking is a national problem, especially among males and young adults. In Vermont, 21% of students reported binge drinking during the past 20 days in 2005 (vs. 23% in 2003.) Twelfth graders were over four times as likely as 8th graders to binge drink (33% vs. 7%). The perceived acceptance of drug-using behavior among family, peers, and society influences an adolescent's decision to use or avoid alcohol, tobacco, and drugs. The perception that alcohol use is socially acceptable correlates with the fact that more than 80% of youth nationally consume alcohol before their 21st birthday, whereas the lack of social acceptance of other drugs correlates with comparatively lower rates of use. Similarly, widespread societal expectations that youth will engage in binge drinking may encourage this highly dangerous form of alcohol consumption (HP2010, CDC.) For this measure, Vermont is testing the approach of using assets-based wording to measure the absence of binge drinking in youth, so as to emphasize the social and cultural changes that must take place for youth to understand that binge drinking can become the antithesis to the social norm.

SP # 4

PERFORMANCE MEASURE:

The percent of women of childbearing age who consume at least two servings of fruit and three servings of vegetables daily.

STATUS:

Active

GOAL

To increase the number of women of childbearing age who eat a healthy diet as measured by fruit and vegetable intake in order to improve overall birth outcomes.

DEFINITION

The number of women of childbearing age who consume at least five servings of fruit and vegetables daily, as measured by two servings daily of fruit and three servings daily of vegetables.

Numerator:

The number of women ages 18-44 who report eating at least five or more servings of fruit and vegetables per day. There are two submeasures - the number of women 18-44 who consume at least 2 daily servings of fruit; the number of women 18-44 who consume at least 3 servings of vegetables.

Denominator:

The number of women ages 18-44 participating in the (comparable) BRFS

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related Objective 19-5

Increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit. Target: 75%.

Baseline: 28% of persons aged 2 years and older consumed at least two daily servings of fruit (1994-1996)

Related Objective 19-6

Increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or orange vegetables. Target: 50%. Baseline: 3% of persons aged 2 years and older consumed at least three daily servings of vegetables (1994-1996)

DATA SOURCES AND DATA ISSUES

Adult BRFS (BRFS is a population health risk assessment survey using a representative sample of Vermonters over 18 years of age performed every two years.)

SIGNIFICANCE

The importance of improving preconceptional health in women of childbearing age has become a priority for health and public health professionals in their efforts to improve birth outcomes. Health and social systems should support women and their partners to adopt health lifestyles during the time they may be intending to have a family. Women need to be supported in certain actions, such as in eating a healthy diet, maintaining a proper weight, getting adequate exercise, avoiding smoking and substance abuse, and obtaining regular health care. One measure of these healthy habits is consumption of adequate amounts of fruits and vegetables. (MMWR - Recommendations to Improve Preconception Health and Health Care – United States, April 21, 2006)

SP # 5

PERFORMANCE MEASURE:

The percent of youth who feel like they matter to people.

STATUS:

Active

GOAL

To increase the percent of youth who feel valued by their community as a strategy to support successful transition to adulthood.

DEFINITION

The percent of youth who feel valued by their communities.

Numerator:

The number of youth in grades 8-12 reporting that they agree or strongly agree with the statement: In my community, I feel like I matter to people.

Denominator:

Number of youth in grades 8-12 participating in the (comparable) YRBS.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

No related objectives

DATA SOURCES AND DATA ISSUES

YRBS

SIGNIFICANCE

Assets research for adolescents is demonstrating an association between healthy youth behaviors and certain defined assets. In response to this research, Vermont added five asset questions to the YRBS in 2001 in order to gather information on youth assets in relation to youth risk taking behavior. The state of Maine also uses this indicator, however worded slightly differently - "Do you feel that in your community, you feel like you matter to people." Also, in response to assets research, MCHB Region One began to incorporate a philosophy that would address a population's assets in addition to a population's needs in for the 2005 Title V MCH Needs Assessment. Choosing an asset indicator for Priority Goal #5 is viewed as a strategy to operationalize the assessment of youth assets in addition to analyzing youth risk-taking behavior. A collaboration between Vermont and Maine allows these two states to measure the same youth asset. A New England-wide collaboration has begun to support other New England states to also include similar measures into their TV planning process.

PERFORMANCE MEASURE:

The percent of Vermont towns (population of 2,000 or more) who have at least one organized physical activity program in place that is open to all and promoted as a family activity

STATUS:

Active

GOAL

To promote regular exercise and physical activity as a family activity by offering community-based opportunities to engage in physical activity.

DEFINITION

The number of Vermont cities and towns with a population of 2,000 or more with at least one organized physical activity program in place that is open to all and promoted as a family activity.

Numerator:

Number of cities and towns with a population of 2,000 or more with at least one organized physical activity program in place that is open to all and promoted as a family activity.

Denominator:

Number of cities and towns in Vermont with a population of 2,000 or more (86)

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related HP 2010 Goal: Increase the % of adults who engage in regular physical activity to 50%.

Presently, Vermont's rate for adult regular moderate physical activity is 55% and the goal is to increase by 15 percent by 2010 (ABRFS, 2003.) Of Vermont's youth, 27% report they exercised moderately five or more days per week (YRBS, 2005) Note: Adequate physical activity levels for adults and youth are defined as 30 minutes moderate exercise five or more times a week.)

DATA SOURCES AND DATA ISSUES

VDH community grant reports from the Community Walking Program, supported by Vermont state funds via the Blueprint for Health. This goal is also found in Vermont's Obesity State Plan and in the Blueprint for Health.

SIGNIFICANCE

The VDH is working on several initiatives to encourage communities to enhance residents' health by creating opportunities to be physically active. Communities are developing such attributes as sidewalks, footpaths, hiking/walking trails, schools open to the public after school hours, and local farmers' markets. Moderate daily physical activity is essential to a healthy lifestyle, yet many Americans, for numerous reasons, lead sedentary lifestyles. Reasons include automated workplaces resulting in many jobs requiring workers to spend hours sitting at desks, use of automobiles for even short trips, diminishing recess and physical education programs, and excessive television and computer use. Another factor is that many communities, designed around the automobile, lack walkways and bikeways to safely accommodate non-motorists. Also in Vermont, the rural nature of the state often means children have long commutes to schools requiring busing or, if they choose to walk, there few sidewalks along rural roads. Organized community-based physical activity programs for families are but one strategy to create an environment that encourages and fosters regular physical activity.

SP # 7

PERFORMANCE MEASURE:

The percent of children with SSI who receive an annual care plan.

STATUS:

Active

GOAL

To increase the percent of CSHN who receive an annual care plan within a medical home.

DEFINITION

The percentage of children under age 16 with SSI whose primary care provider has billed Medicaid for a comprehensive, annual care plan.

Numerator:

The number of children under age 16 with SSI whose primary care provider has billed Medicaid for a comprehensive, annual care plan.

Denominator:

The number of children with SSI under the age of 16.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related HP Objective 16-22 (Developmental)

Increase the proportion of children with special health care needs who have access to a medical home

Related HP Objective 16-23

Increase the proportion of Territories and States that have service systems for children with special health care needs.

Target: 100%. Baseline: 15.7% of Territories and States met the Title V guidelines for service systems for CSHN in FY 1997.

DATA SOURCES AND DATA ISSUES

Medicaid claims data. All Vermont children with SSI have Medicaid. Only primary care providers may bill for annual care plans. See also HSCI #8: The percent of state SSI beneficiaries less than 16 years old receiving rehabilitative services from the CSHCN program.

SIGNIFICANCE

This measure represents an effort to measure the prevalence and utilization of one element of a Medical Home for CSHCN - the writing of a substantial, comprehensive, annual care plan. VT Medicaid has implemented a system of payment to the PCP for an annual care plan written for a CSHCN. VDH has access to Medicaid claims data and all VT children who have SSI are enrolled in Medicaid. Children who have SSI have met clinical criteria for having a serious, chronic disability, and thus, are children who would benefit particularly from a comprehensive plan of care through a medical home. This SPM, therefore, is a measure of the access of children with SSI to a practicing Medical Home. The same data and similar process is used for HSCI#8 (children with SSI up to age 16.) This measure is a reasonable window into measurement of and supporting access for all CSHCN to a Medical Home.

SP # 8

PERFORMANCE MEASURE:

The percent of low income children (with Medicaid) who utilize dental services in a year.

STATUS:

Active

GOAL

To prevent dental caries in children by increasing appropriate use of dental services.

DEFINITION

The number of low income children who use dental services within a one-year period.

Numerator:

Number of Vermont children with Medicaid insurance who visit a dental office during a one-year period.

Denominator:

Number of Vermont children with Medicaid insurance during a one-year period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

HP 2010 Related Objective 21-10

HP Related Objective 21-10: Increase the proportion of children and adults who use the oral health system each year.

Target: 56%. Baseline: 44% of persons aged 2 years and older in 1996 visited a dentist the previous year.

DATA SOURCES AND DATA ISSUES

Medicaid data and data from Electronic Data Systems (EDS).

SIGNIFICANCE

Although appropriate home oral health care and population based prevention are essential, professional care is also necessary to maintain optimal oral and craniofacial health. Regular dental visits provide an opportunity for the early prevention, diagnosis, and treatment of oral and craniofacial diseases and conditions. Experts recommend that children as young as age 1 year be examined for evidence of developing dental caries. Dental caries is the single most common chronic disease in children. Despite the reduction in cases of caries in recent years, more than half of all children have caries by the second grade and, by the time children finish high school, about 80% have caries (Healthy People, 2010, CDC.) The dental services utilization rate of children using Medicaid insurance in Vermont has been steady for the last 5 years at approximately 45 percent. If many of the remaining 55 percent can access dental services, the number of dental caries can be reduced through preventive measures.

SP # 9

PERFORMANCE MEASURE:

The percent of children with emotional, developmental, or behavioral problems that require treatment or counseling who received needed mental health services in the past year.

STATUS:

Active

GOAL

To strengthen the mental health service delivery system so as to enable all children with emotional, developmental, or behavioral problems to receive counseling or treatment.

DEFINITION

The percent of children with emotional, developmental, or behavioral problems that required treatment or counseling and received the needed treatment and counseling over the past year. Value for Vermont is 70% in 2005.

Numerator:

The unduplicated count of children who both needed and received treatment whereas the denominator is all children who needed treatment. Thus, the numerator is those answering yes on S2Q16 (Does your child have any kind of emotional, developmental, or behavioral problem for which he/she needs treatment or counseling?) and S4Q23 (During the past 12 months, did your child receive any mental health care or counseling?)

Denominator:

All children, ages 1-17, with a current emotional, developmental, or behavioral health condition requiring treatment or counseling (S2Q16).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Obj. 18-7 Increase the proportion of children with mental health problems who receive treatment
Developmental objective. No data or specific 2010 numerical value available.

DATA SOURCES AND DATA ISSUES

National Survey of Children's Health, 2005

SIGNIFICANCE

Mental health services, including counseling, medications, or specialized therapies, are beneficial for children with behavioral or emotional problems. However, these services are often not readily available or affordable to the children and their families who would benefit from them. Nationally, 58.7% of children with ongoing emotional, developmental, or behavioral problems needing treatment or counseling received mental health care as reported in the 2005 NSCH. Children with health insurance, public or private, are more likely to receive the mental health services they need. Of these children needing services who are without health insurance, only 33.8% received any mental health care or counseling. (The Health and Well-Being of Children, National Survey of Children's Health, 2005)

SP # 10

PERFORMANCE MEASURE:

The percent of one year old children who are screened for blood lead poisoning.

STATUS:

Active

GOAL

To increase the number of one year old children who are screened for blood lead levels.

DEFINITION

The number of children aged one year old who are screened for blood lead levels.

Numerator:

The number of Vermont one year old children who are screened for blood lead levels.

Denominator:

The number of Vermont children who are one year of age.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 8-11: Eliminate elevated blood lead levels in children.

Target: Zero percent. Baseline: 4.4% of children aged 1-6 years had blood lead levels exceeding 10 ug/ml during 1991-1994.

DATA SOURCES AND DATA ISSUES

Vermont Department of Health maintains a data base of all screening and testing done for lead levels by labs via community clinics and primary care offices.

SIGNIFICANCE

Lead is a highly toxic metal that has been and still is used in household and industrial products. Lead exposure can increase the risk of miscarriage, premature birth, stillbirth, or low birth weight. Lead enters the body by inhaling or ingesting the lead directly, most often as lead dust. In a pregnant women, lead can cross to the placenta. Children are most vulnerable to lead poisoning when they are under six years old, and especially at ages one and two when they normally exhibit hand-to-mouth behavior. Lead poisoning can cause permanent damage to a child's brain and kidneys. Even small amounts of lead can cause serious learning and behavior problems. The CDC has recommended that all children be screened for lead poisoning at ages one and two years. Vermont has the second oldest housing stock in the nation with about 60% built before 1978, the year lead paint was banned. Most Vermont children who become lead poisoned have ingested lead dust or lead from soil that has been tracked into their home.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: VT

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	15.6	24.0	17.8	20.3	20.3
Numerator	52	79	58	66	66
Denominator	33,384	32,910	32,496	32,435	32,435

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

Hospital discharge data for 2008 and population estimates are not available at time of submission. They should be available in late 2009. The 2008 estimate is based on 2007 data.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>84.6</u>	<u>85.7</u>	<u>86.6</u>	<u>88.2</u>	<u>88.3</u>
Numerator	<u>3,122</u>	<u>3,148</u>	<u>3,174</u>	<u>3,301</u>	<u>3,420</u>
Denominator	<u>3,691</u>	<u>3,674</u>	<u>3,667</u>	<u>3,741</u>	<u>3,875</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

In contrast to previous years, data for enrollment in Medicaid during 2004, 2005, 2006 and 2007 are split out from SCHIP - which is reported separately, below. As a consequence, results from 2003 and earlier should not be compared directly to 2004 onwards.

the 2007 report was ammended to reflect more complete information.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

In contrast to previous years, data for enrollment in Medicaid during 2004, 2005, 2006 and 2007 are split out from SCHIP - which is reported separately, below. As a consequence, results from 2003 and earlier should not be compared directly to 2004 onwards.

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

In contrast to previous years, data for enrollment in Medicaid during 2004, 2005 and 2006 are split out from SCHIP - which is reported separately, below. As a consequence, results from 2003 and earlier should not be compared directly to 2004 onwards.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>85.2</u>	<u>89.7</u>	<u>90.5</u>	<u>92.6</u>	<u>89.8</u>
Numerator	<u>231</u>	<u>209</u>	<u>201</u>	<u>175</u>	<u>176</u>
Denominator	<u>271</u>	<u>233</u>	<u>222</u>	<u>189</u>	<u>196</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

In contrast to previous years, data for enrollment in SCHIP during 2004, 2005, 2006 and 2007 are split out from Medicaid - which is reported separately, above. As a consequence, results from 2003 and earlier should not be compared directly to 2004 onwards.

The 2007 report was updated to reflect more complete information.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

In contrast to previous years, data for enrollment in SCHIP during 2004, 2005, 2006 and 2007 are split out from Medicaid - which is reported separately, above. As a consequence, results from 2003 and earlier should not be compared directly to 2004 onwards.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

In contrast to previous years, data for enrollment in SCHIP during 2004, 2005 and 2006 are split out from Medicaid - which is reported separately, above. As a consequence, results from 2003 and earlier should not be compared directly to 2004 onwards.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>88.6</u>	<u>87.7</u>	<u>88.1</u>	<u>87.0</u>	<u>87.0</u>
Numerator	<u>5,585</u>	<u>5,228</u>	<u>5,329</u>	<u>5,186</u>	<u>5,186</u>
Denominator	<u>6,301</u>	<u>5,961</u>	<u>6,047</u>	<u>5,958</u>	<u>5,958</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

Vital Records birth data for 2008 were not available at time of submission. They should become available in early 2010. 2007 data remain provisional. The 2008 estimate is based on 2007 data.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

Vital Records birth data for 2007 were not available at time of submission. They should become available in early 2009.

3. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2006

Field Note:

Vital Records birth data for 2006 were preliminary at time of submission.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>79.1</u>	<u>77.5</u>	<u>77.7</u>	<u>77.6</u>	<u>79.6</u>
Numerator	<u>58,119</u>	<u>57,417</u>	<u>56,952</u>	<u>55,892</u>	<u>57,408</u>
Denominator	<u>73,502</u>	<u>74,056</u>	<u>73,312</u>	<u>72,007</u>	<u>72,124</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

The estimate for the number of children aged 1-21 years who are potentially eligible for Medicaid services is based on the sum of the number of children enrolled in Medicaid at the end of FFY 2008 plus the number of children aged 1-21 with household income <300% of Federal Poverty Level who lacked Health insurance in 2008 (data source VT Banking, Insurance, Securities and Health Care Administration, 2008 Vermont Household Health Insurance Survey). Estimates of uninsured children for 2003 -2004 were based on a previous survey carried out in 2000. Estimates of uninsured children for 2005 -2007 were based on a previous survey carried out in 2005.

The final 2007 data was revised slightly in 2009 to reflect more complete Medicaid information.

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

The estimate for the number of children aged 1-21 years who are potentially eligible for Medicaid services is based on the sum of the number of children enrolled in Medicaid at the end of FFY 2007 plus the number of children aged 1-21 with household income <300% of Federal Poverty Level who lacked Health insurance in 2005 (data source VT Banking, Insurance, Securities and Health Care Administration, 2005 Vermont Household Health Insurance Survey). Estimates of uninsured children for 2003 -2004 were based on a previous survey carried out in 2000.

3. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

The estimate for the number of children aged 1-21 years who are potentially eligible for Medicaid services is based on the sum of the number of children enrolled in Medicaid at the end of FFY 2006 plus the number of children aged 1-21 with household income <300% of Federal Poverty Level who lacked Health insurance in 2005 (data source VT Banking, Insurance, Securities and Health Care Administration, 2005 Vermont Household Health Insurance Survey). Estimates of uninsured children for 2003 -2004 were based on a previous survey carried out in 2000.

The numerator and denominator data for 2006 were revised slightly in 2008 to reflect updates to the Medicaid Claims database. The overall percentage was not affected.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>63.9</u>	<u>66.0</u>	<u>66.6</u>	<u>67.1</u>	<u>67.6</u>
Numerator	<u>4,782</u>	<u>4,879</u>	<u>4,914</u>	<u>4,758</u>	<u>9,755</u>
Denominator	<u>7,488</u>	<u>7,392</u>	<u>7,374</u>	<u>7,095</u>	<u>14,422</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

The large increase in the number of children eligible for EPSDT services in 2008, and an associated increase in the number of children receiving dental services, was due to changes in eligibility regulations, together with an increase in reimbursement to dentists and increased outreach.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	29.3	45.0	53.3	42.8	30.8
Numerator	435	691	866	687	522
Denominator	1,486	1,536	1,625	1,607	1,695

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

The denominator for this indicator is derived from Medicaid claims-data of SSI-eligible children under age 16 in FFY2008. The SSI-eligible children were matched to the list of CSHN-enrolled children during the same period. In FFY08, 1,695 SSI -eligible children received a Medicaid service. 522 of these children were enrolled in CSHN programs, representing 30.8% of SSI-eligible children under 16 years.

2. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

The denominator for this indicator is derived from claims-data of SSI-eligible children under age 16 who received a Medicaid service in FFY2007. This is, of necessity, an under-count of the children who had SSI in that year, some of whom received no services, and some of whom have private insurance that paid for the services they did receive. The SSI children with Medicaid services were matched to the list of CSHN-enrolled children during the same period. In FFY07, 1,607 SSI children received a Medicaid service. 687 of these children were enrolled in CSHN programs, representing 42.8% of SSI-eligible children under 16 years.

3. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

The indicator begins with a claims-data review of SSI-eligible children under age 16 who received a Medicaid service in 2006. This is, of necessity, an under-count of the children who had SSI in that year, some of whom received no services, and some of whom have private insurance that paid for the services they did receive. They are matched to CSHN-enrolled children. In addition, CSHN annotates SSI status as the information becomes available. In 2006, 1,625 SSI children received a service. There were 654 children whose CSHN records show that they have SSI. 621 of the 654 were also on the SSI list (perhaps the 33 were among those who did not have a service paid in the reporting year.) In addition, 212 CSHN children, when crossmatched, were found to have SSI although the CSHN file did not indicate SSI. Therefore a total of 866 of the 1,625 SSI children, or 53.3% are dually enrolled. The annual SSA statistical report of each state's children who have SSI, reported 1415 Vermont children had SSI in December, 2006.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: VT

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2007	Payment source from birth certificate	<u>7</u>	<u>5.5</u>	<u>6.1</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Payment source from birth certificate	<u>6.4</u>	<u>3</u>	<u>4.5</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Payment source from birth certificate	<u>85.7</u>	<u>92.5</u>	<u>89.6</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Payment source from birth certificate	<u>82.7</u>	<u>90.3</u>	<u>87.1</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: VT

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>300</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>12</u>) (Age range <u>13</u> to <u>18</u>)	2008	<u>300</u> <u>300</u> <u>300</u>
c) <i>Pregnant Women</i>	2008	<u>200</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: VT

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	<u>300</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>12</u>) (Age range <u>13</u> to <u>18</u>)	2008	<u>300</u> <u>300</u> <u>300</u>
c) <i>Pregnant Women</i>	2008	<u>200</u>

FORM NOTES FOR FORM 18

2007 birth data remain provisional. Reliable Vital Statistics birth data for 2008 were unavailable at the time of submission.

FIELD LEVEL NOTES

- 1. Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2010
Field Note:
The 2007 data were derived from the birth certificate principle payer record which is a different method than in previous years when WIC eligibility was used as a surrogate for Medicaid. The results are therefore not directly comparable.
- 2. Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2010
Field Note:
The 2007 data were derived from the birth certificate principle payer record which is a different method than in previous years when WIC eligibility was used as a surrogate for Medicaid. The results are therefore not directly comparable.
- 3. Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2010
Field Note:
The 2007 data were derived from the birth certificate principle payer record which is a different method than in previous years when WIC eligibility was used as a surrogate for Medicaid. The results are therefore not directly comparable.
- 4. Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2010
Field Note:
The 2007 data were derived from the birth certificate principle payer record which is a different method than in previous years when WIC eligibility was used as a surrogate for Medicaid. The results are therefore not directly comparable.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: VT

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: VT

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: VT

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	6.4	6.2	6.9	6.2	6.2
Numerator	423	399	446	403	403
Denominator	6,592	6,467	6,510	6,510	6,510

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2008

Field Note:

Vital Records birth data for 2008 were not available at the time of submission. They should be available early in 2010. 2007 data remain provisional. The 2008 estimate is based on 2007 data.

- Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

Vital Records birth data for 2007 were not final at the time of submission.

- Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2006

Field Note:

Vital Records birth data for 2006 were not final at the time of submission.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>5.0</u>	<u>4.8</u>	<u>5.1</u>	<u>4.7</u>	<u>4.7</u>
Numerator	<u>319</u>	<u>300</u>	<u>325</u>	<u>292</u>	<u>292</u>
Denominator	<u>6,385</u>	<u>6,277</u>	<u>6,315</u>	<u>6,279</u>	<u>6,279</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Vital records birth data for 2008 were not available at the time of submission. They should be available in early 2010. 2007 data remain provisional. The 2008 estimate is based on 2007 data.

2. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Vital records birth data for 2007 were not available at the time of submission. They should be available in early 2009.

3. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Final birth data were not available at the time of submission.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.9</u>	<u>1.1</u>	<u>1.4</u>	<u>1.0</u>	<u>1.0</u>
Numerator	<u>57</u>	<u>74</u>	<u>91</u>	<u>66</u>	<u>66</u>
Denominator	<u>6,592</u>	<u>6,467</u>	<u>6,510</u>	<u>6,510</u>	<u>6,510</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Vital Records birth data for 2008 were not available at the time of submission. They should be available in early 2010. 2007 data remain provisional. The 2008 estimate is based on 2007 data.

2. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Vital Records birth data for 2007 were not available at the time of submission. They should be available in early 2009.

3. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Final birth data for 2006 were not available at the time of submission.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.7</u>	<u>0.8</u>	<u>1.0</u>	<u>0.8</u>	<u>0.8</u>
Numerator	<u>44</u>	<u>48</u>	<u>65</u>	<u>49</u>	<u>49</u>
Denominator	<u>6,385</u>	<u>6,277</u>	<u>6,315</u>	<u>6,279</u>	<u>6,279</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Vital Records birth data for 2008 were not available at the time of submission. They should be available in early 2010. 2007 data remain provisional. The 2008 estimate is based on 2007 data.

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Vital Records birth data for 2007 were not available at the time of submission. They should be available in early 2009.

3. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Final birth data for 2006 were not available at the time of submission.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>5.0</u>	<u>8.0</u>	<u>7.8</u>	<u>8.2</u>	<u>8.2</u>
Numerator	<u>17</u>	<u>26</u>	<u>25</u>	<u>26</u>	<u>26</u>
Denominator	<u>341,035</u>	<u>326,670</u>	<u>321,183</u>	<u>316,900</u>	<u>316,900</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

Vital Records death data and population estimates for 2008 were not available at the time of submission. They should both be available in early 2010. 2007 data remain provisional. The 2008 estimate is based on 2007 data.

2. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

There were 4 VT non-intentional deaths in 2007 amongst children 0-14. A 3-year moving average (2005-2007) was applied to both numerator and denominator.

3. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

In 2006 there were 6 deaths. Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using small samples, a rate is calculated from a numerator and denominator averaged over three years (2004, 2005 and 2006).

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

		Annual Indicator Data				
		2004	2005	2006	2007	2008
Annual Indicator						
Numerator						
Denominator			326,670	106,110	104,674	104,674
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.				Yes	Yes	Yes
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Vital Records death data and population estimates for 2008 were not available at the time of submission. They should be available in early 2010. 2007 data remain provisional. The 2008 estimate is based on 2007 data.

2. Section Number: Form20_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2007**Field Note:**

In 2007 there were 3 deaths. Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using small samples, a three year average (2005, 2006 and 2007) = 3.7 was calculated that is still less than 5 events. The rate should not therefore be calculated.

3. Section Number: Form20_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2006**Field Note:**

In 2006 there were 3 deaths. Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using small samples, a three year average (2003, 2004 and 2005) = 3.3 was calculated that is still less than 5 events. The rate should not therefore be calculated.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	24.6	27.5	22.4	18.2	18.2
Numerator	22	25	20	16	16
Denominator	89,561	91,002	89,301	87,897	87,897

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

Vital Records death data and population estimates for 2008 were not available at the time of submission. They should be available in early 2010. 2007 data remain provisional. The 2008 estimate is based on 2007 data.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	175.3	180.0	174.3	162.4	162.4
Numerator	191	191	185	170	170
Denominator	108,957	106,116	106,110	104,674	104,674

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

Neither Hospital Discharge data nor population estimates for 2008 were available at the time of submission. These should be available in early 2010. The 2008 estimate is based on 2007 data.

2. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

Consistent with previous years, data are derived from Hospital Discharge dataset (source: VT Banking, Insurance, Securities and Health Care Administration) discharges from inpatient hospital setting. Since only a minority of injuries result in inpatient admissions, it is estimated that the numerator represents less than 2% of total injuries reported.

3. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

Consistent with previous years, data are derived from Hospital Discharge dataset (source: VT Banking, Insurance, Securities and Health Care Administration) discharges from inpatient hospital setting. Since only a minority of injuries result in inpatient admissions, it is estimated that the numerator represents less than 2% of total injuries reported.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	18.4	19.8	18.1	15.8	15.8
Numerator	20	21	58	50	50
Denominator	108,957	106,116	321,183	316,900	316,900

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

Neither Hospital Discharge data nor population estimates for 2008 were available at the time of submission. They should be available in early 2010. The 2008 estimate is based on 2007 data.

2. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

In 2007, there were 12 reports of injuries due to motor vehicle accidents amongst VT children 0-14 years old. A three year average (2005-2007) was therefore applied.

Consistent with previous years, data are derived from Hospital Discharge dataset (source: VT Banking, Insurance, Securities and Health Care Administration) discharges from inpatient hospital setting. Since only a minority of injuries result in inpatient admissions, it is estimated that the numerator represents less than 2% of total injuries reported.

In 2007, only 12 motor vehicle injuries were reported. The rate is calculated from a 3-year average for 2005, 2006 and 2007.

3. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Consistent with previous years, data are derived from Hospital Discharge dataset (source: VT Banking, Insurance, Securities and Health Care Administration) discharges from inpatient hospital setting. Since only a minority of injuries result in inpatient admissions, it is estimated that the numerator represents less than 2% of total injuries reported.

In 2006, only 17 motor vehicle injuries were reported. The rate is calculated from a 3-year average for 2004, 2005 and 2006.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>136.2</u>	<u>127.5</u>	<u>140.0</u>	<u>92.2</u>	<u>92.2</u>
Numerator	<u>122</u>	<u>116</u>	<u>125</u>	<u>81</u>	<u>81</u>
Denominator	<u>89,561</u>	<u>91,002</u>	<u>89,301</u>	<u>87,897</u>	<u>87,897</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

Neither Hospital Discharge data nor population estimates for 2008 were available at the time of submission. They should be available in early 2010. The 2008 estimate is based on 2007 data.

2. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Consistent with previous years, data are derived from Hospital Discharge dataset (source: VT Banking, Insurance, Securities and Health Care Administration) discharges from inpatient hospital setting. Since only a minority of injuries result in inpatient admissions, it is estimated that the numerator represents less than 2% of total injuries reported.

3. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

Consistent with previous years, data are derived from Hospital Discharge dataset (source: VT Banking, Insurance, Securities and Health Care Administration) discharges from inpatient hospital setting. Since only a minority of injuries result in inpatient admissions, it is estimated that the numerator represents less than 2% of total injuries reported.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>16.3</u>	<u>12.2</u>	<u>14.7</u>	<u>13.3</u>	<u>13.3</u>
Numerator	<u>360</u>	<u>271</u>	<u>330</u>	<u>297</u>	<u>297</u>
Denominator	<u>22,108</u>	<u>22,209</u>	<u>22,507</u>	<u>22,331</u>	<u>22,331</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

Data to complete this item are currently unavailable. Population estimates for 2008 will be available at the end of CY2009. The 2008 estimate is based on 2007 data.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>4.7</u>	<u>4.3</u>	<u>5.5</u>	<u>5.1</u>	<u>5.1</u>
Numerator	<u>490</u>	<u>451</u>	<u>560</u>	<u>508</u>	<u>508</u>
Denominator	<u>104,547</u>	<u>104,813</u>	<u>102,295</u>	<u>100,084</u>	<u>100,084</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

Data to complete this item are currently unavailable. Population estimates for 2008 will be available at the end of CY2009. The 2008 estimate is based on 2007 data.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VT

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	6,453	6,149	164	14	126	0	0	0
Children 1 through 4	25,982	24,754	662	57	509	0	0	0
Children 5 through 9	33,892	32,354	818	119	601	0	0	0
Children 10 through 14	38,347	36,853	694	212	588	0	0	0
Children 15 through 19	45,733	44,249	734	253	497	0	0	0
Children 20 through 24	42,164	40,624	590	227	723	0	0	0
Children 0 through 24	192,571	184,983	3,662	882	3,044	0	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	6,346	107	0
Children 1 through 4	25,549	433	0
Children 5 through 9	33,201	691	0
Children 10 through 14	37,632	715	0
Children 15 through 19	44,828	905	0
Children 20 through 24	41,385	779	0
Children 0 through 24	188,941	3,630	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VT

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	2	1	1	0	0	0	0	0
Women 15 through 17	113	106	6	0	0	0	0	1
Women 18 through 19	382	367	3	0	1	0	0	11
Women 20 through 34	4,942	4,726	60	7	66	0	0	83
Women 35 or older	1,075	1,032	8	1	19	1	0	14
Women of all ages	6,514	6,232	78	8	86	1	0	109

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	2	0	0
Women 15 through 17	111	2	0
Women 18 through 19	377	5	0
Women 20 through 34	4,872	58	12
Women 35 or older	1,058	14	3
Women of all ages	6,420	79	15

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VT

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	33	30	1	0	0	0	0	2
Children 1 through 4	6	6	0	0	0	0	0	0
Children 5 through 9	0	0	0	0	0	0	0	0
Children 10 through 14	6	6	0	0	0	0	0	0
Children 15 through 19	16	16	0	0	0	0	0	0
Children 20 through 24	33	30	1	0	0	0	0	2
Children 0 through 24	94	88	2	0	0	0	0	4

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	33	0	0
Children 1 through 4	6	0	0
Children 5 through 9	0	0	0
Children 10 through 14	6	0	0
Children 15 through 19	16	0	0
Children 20 through 24	32	0	1
Children 0 through 24	93	0	1

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VT

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	150,407	144,359	3,072	655	2,321	0	0	0	2007
Percent in household headed by single parent	32.0	0.0	0.0	0.0	0.0	0.0	0.0	32.0	2006
Percent in TANF (Grant) families	4.7	0.0	0.0	0.0	0.0	0.0	0.0	4.7	2006
Number enrolled in Medicaid	59,184	31,995	907	72	218	0	0	25,992	2008
Number enrolled in SCHIP	3,521	727	6	1	3	0	0	2,784	2008
Number living in foster home care	1,287	1,287	0	0	0	0	0	0	2006
Number enrolled in food stamp program	28,490	0	0	0	0	0	0	28,490	2008
Number enrolled in WIC	17,189	15,888	407	37	141	53	218	445	2008
Rate (per 100,000) of juvenile crime arrests	1,041.0	0.0	0.0	0.0	0.0	0.0	0.0	1,041.0	2007
Percentage of high school drop-outs (grade 9 through 12)	3.3	0.0	0.0	0.0	0.0	0.0	0.0	3.3	2008

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	147,556	2,851	0	2007
Percent in household headed by single parent	0.0	0.0	32.0	2006
Percent in TANF (Grant) families	0.0	0.0	4.7	2006
Number enrolled in Medicaid	33,192	250	25,742	2008
Number enrolled in SCHIP	737	3	2,781	2008
Number living in foster home care	0	0	1,287	2006
Number enrolled in food stamp program	0	0	28,490	2008
Number enrolled in WIC	16,862	202	445	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	1,041.0	2007
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	3.3	2008

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VT

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	40,620
Living in urban areas	66,104
Living in rural areas	81,419
Living in frontier areas	0
Total - all children 0 through 19	147,523

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VT

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	612,569.0
Percent Below: 50% of poverty	2.9
100% of poverty	9.8
200% of poverty	28.6

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VT

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	139,196.0
Percent Below: 50% of poverty	3.0
100% of poverty	11.0
200% of poverty	33.8

FORM NOTES FOR FORM 21

2007 State urban/rural population estimate was based on the U.S. Census Bureau 2000 Census, Summary File 1, matrix P12. Updated data should be available in 2011 based on the 2010 decennial census. Note: available data were for children 0-17 years only (not 0-19, as defined). The total for children living in urban areas is the sum of children living in metropolitan plus non-metropolitan urban areas, as defined by the U.S. Census Bureau.

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
Data from state population estimate contains a pooled number for Asian plus Native Hawaiian or Other Pacific Islander, reported here under Asian. The number of Vermont residents claiming Native Hawaiian or Other Pacific Islander race is however likely to be very small.
2. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2010
Field Note:
Data from state population estimate contains a pooled number for Asian plus Native Hawaiian or Other Pacific Islander, reported here under Asian. The number of Vermont residents claiming Native Hawaiian or Other Pacific Islander race is however likely to be very small.
3. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2010
Field Note:
Data from state population estimate contains a pooled number for Asian plus Native Hawaiian or Other Pacific Islander, reported here under Asian. The number of Vermont residents claiming Native Hawaiian or Other Pacific Islander race is however likely to be very small.
4. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2010
Field Note:
Data from state population estimate contains a pooled number for Asian plus Native Hawaiian or Other Pacific Islander, reported here under Asian. The number of Vermont residents claiming Native Hawaiian or Other Pacific Islander race is however likely to be very small.
5. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2010
Field Note:
Data from state population estimate contains a pooled number for Asian plus Native Hawaiian or Other Pacific Islander, reported here under Asian. The number of Vermont residents claiming Native Hawaiian or Other Pacific Islander race is however likely to be very small.
6. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2010
Field Note:
Data from state population estimate contains a pooled number for Asian plus Native Hawaiian or Other Pacific Islander, reported here under Asian. The number of Vermont residents claiming Native Hawaiian or Other Pacific Islander race is however likely to be very small.
7. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2010
Field Note:
Data not obtained by race/ethnicity
8. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2010
Field Note:
Data not obtained by race/ethnicity
9. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2010
Field Note:
Data not obtained by race/ethnicity
10. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2010
Field Note:
Data indicates the number of juveniles charged with a crime for FF2007. These youths are considered delinquent if they commit offences that would be considered a crime if committed as an adult. Data not available by race/ethnicity.
11. **Section Number:** Form21_Indicator 09A

- Field Name:** HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2010
Field Note:
 Data not obtained by race/ethnicity
12. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2010
Field Note:
 Data not reported by race/ethnicity
13. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2010
Field Note:
 Data not obtained by race/ethnicity
14. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2010
Field Note:
 Data not obtained by race/ethnicity
15. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2010
Field Note:
 Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2008.
16. **Section Number:** Form21_Indicator 11
Field Name: S11_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2010
Field Note:
 Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2008.
17. **Section Number:** Form21_Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2010
Field Note:
 Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2008.
18. **Section Number:** Form21_Indicator 11
Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2010
Field Note:
 Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2008.
19. **Section Number:** Form21_Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2010
Field Note:
 Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2008.
20. **Section Number:** Form21_Indicator 12
Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2010
Field Note:
 Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2008.
21. **Section Number:** Form21_Indicator 12
Field Name: S12_100percent
Row Name: 100% of poverty
Column Name:
Year: 2010
Field Note:
 Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2008.
22. **Section Number:** Form21_Indicator 12
Field Name: S12_200percent
Row Name: 200% of poverty
Column Name:
Year: 2010
Field Note:
 Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2008.
23. **Section Number:** Form21_Indicator 09A

Field Name: HSI Race_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2010
Field Note:
Data not obtained by race/ethnicity

24. **Section Number:** Form21_Indicator 09B
Field Name: HSI Ethnicity_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2010
Field Note:
Data not obtained by race/ethnicity